**Saving for health using local financial social networks. A case study of districts in Eastern Uganda**

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**Background**: Financial constraints are one of the factors that hinder access to health services. Results from the national health accounts showed that 49% of health expenditure was met by households. Households incur costs for transportation, food, purchase of medicine and other supplies that may not be available at the health facility. Most of the rural population in Uganda has no access to formal financial institutions but a growing majority belongs to saving groups. These saving groups could help households save and invest income that could be used to reduce financial barriers to services.

**Objectives:** This paper seeks to describe the key characteristics of saving groups, benefits and challenges of Community Based Saving Groups (CBSGs), as well as solutions to the challenges in the quest of improving household health.

**Methods**: This was a cross sectional descriptive study with quantitative and qualitative data collection techniques. Data was collected from 247 CBSG leaders in the districts of Kamuli, Kibuku and Pallisa using self-administered open-ended questionnaires, qualitative interviews and from project reports.

**Results**: At the baseline, the main reasons for the formation of CBSGs were to increase household income, develop the community and save for emergencies. Slightly more than a half of the saving groups had 15-30 members. Ninety-three percent of the CBSGs indicated electing their management committees democratically. The most common challenges associated with CBSG management included high illiteracy (35%) among the leaders, irregular attendance of meetings (22%), and lack of training on management and leadership (19%). It was noted in the intervention arms that the number of saving groups more than doubled from 431 to 915 between September 2013 and December 2016. Out of 915 saving groups, 22% had members saving for MNH.

**Conclusions**: Saving groups in Uganda have the basic required structures and communities are interested in joining the community based savings groups and saving for health. However, challenges exist in relation to training and management of the groups and management of group assets. The government and development partners should work together to provide technical support to the groups.

**Key words**: Community based saving groups, saving for health, local financial social networks